

CASEWORK AUTHORIZATION TO REVIEW PERSONAL
INFORMATION PROTECTED BY THE PRIVACY ACT

NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: HOME: _____ WORK: _____

SOCIAL SECURITY #: _____ VA #: _____

AGENCY INVOLVED: _____

NATURE OF PROBLEM: PLEASE GIVE A BRIEF STATEMENT REGARDING THE NATURE OF THE PROBLEM YOU ARE EXPERIENCING AND THE ASSISTANCE NEEDED FROM THIS OFFICE. YOU MAY USE REVERSE SIDE OR ADDITIONAL PAPER IF NECESSARY.

STATEMENT: _____

NOTE: THE PRIVACY ACT REQUIRES THAT YOUR AUTHORIZE ACCESS TO YOUR PRIVATE RECORDS. WITHOUT YOUR AUTHORIZATION, AN INQUIRY ON YOUR BEHALF WILL NOT BE POSSIBLE.

AUTHORIZATION: I HEREBY AUTHORIZE CONG. PHIL GINGREY OR HIS REPRESENTATIVE TO CONTACT THE ABOVE NAMED AGENCY OR ANY OTHER APPLICABLE GOVERNMENT AGENCY, WHETHER IT BE A STATE, FEDERAL, OR LOCAL, ON MY BEHALF, AND TO INSPECT, COPY, AND EXAMINE OR INQUIRE IN TO MY RECORDS ON FILE WITH SUCH AN AGENCY OR ENTITY AND TO RECEIVE INFORMATION FROM THE PROPER OFFICIAL REGARDING MY CONCERNS WHETHER PROTECTED BY THE PRIVACY ACT AND I DO NOT HAVE A CASE PENDING BEFORE A COUNTY, STATE, OR FEDERAL COURT.

SIGNATURE: _____

DATE: _____ PLEASE RETURN TO: CONGRESSMAN PHIL GINGREY

600 East 1st Street

Rome, Ga 30161

PHONE: 706 290-1776 FAX: 706 232-7864